



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 5151

Bib Data Sheet

SERIAL NUMBER 10/660,344	FILING DATE 09/10/2003 RULE	CLASS 446	GROUP ART UNIT 3712	ATTORNEY DOCKET NO. MAT 3H5												
APPLICANTS Darin Barri, El Segundo, CA; VMC Raymond J. Martin, Torrance, CA;																
** CONTINUING DATA ***** This appln claims benefit of 60/410,068 09/11/2002 VMC																
** FOREIGN APPLICATIONS ***** VMC																
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/02/2003																
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature [Signature] Initials </td> <td style="width:10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY CA </td> <td style="width:10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 4 </td> <td style="width:10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 29 </td> <td style="width:15%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature [Signature] Initials	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4							
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature [Signature] Initials	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4												
ADDRESS 23581 KOLISCH HARTWELL, P.C. 520 S.W. YAMHILL STREET SUITE 200 PORTLAND , OR 97204																
TITLE Breath-sensitive toy																
FILING FEE RECEIVED 1126	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width:40%; border-bottom: 1px solid black;"> <input type="checkbox"/> All Fees </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> 1.16 Fees (Filing) </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> 1.18 Fees (Issue) </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> Other _____ </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> Credit </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees		<input type="checkbox"/> 1.16 Fees (Filing)		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		<input type="checkbox"/> 1.18 Fees (Issue)		<input type="checkbox"/> Other _____		<input type="checkbox"/> Credit
FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees															
	<input type="checkbox"/> 1.16 Fees (Filing)															
	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)															
	<input type="checkbox"/> 1.18 Fees (Issue)															
	<input type="checkbox"/> Other _____															
	<input type="checkbox"/> Credit															